

# STATE OF TENNESSEE

## Office of Vital Records

### TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 011963

1. Decedent's Legal Name <b>EDWIN G. RAPER</b>		2. Sex <b>MALE</b>		3. Date of Death <b>02/06/2020</b>	
4. Time of Death (Approx.) <b>08:05 PM</b>	5a. Age <b>47</b>	6. Date of Birth <b>1972</b>	7. Birthplace <b>JACKSONVILLE, FL</b>		
8a. Place of Death <b>ER/OUTPATIENT</b>					
8b. Facility Name <b>BAPTIST MEMORIAL HOSPITAL</b>		8c. City or Town <b>MEMPHIS</b>		8d. County of Death <b>SHELBY</b>	
9. Marital Status <b>MARRIED</b>	10. Surviving Spouse (name prior to first marriage) <b>VIVIAN BALDWIN</b>		11a. Decedent's Usual Occupation <b>IT PROJECT MANAGER</b>		11b. Kind of Business/Industry <b>COUNTY</b>
12. Social Security Number <b>[REDACTED]</b>	13a. Residence State or Foreign Country <b>TENNESSEE</b>		13b. County <b>SHELBY</b>		13c. City or Town <b>CORDOVA</b>
13d. Street and Number <b>[REDACTED]</b>		14a. Inside City Limits? <b>YES</b>	14b. Zip Code <b>[REDACTED]</b>	14c. Was Decedent ever in US Armed Forces? <b>YES</b>	
15. Decedent's Education <b>BACHELOR'S DEGREE</b>		16. Decedent of Hispanic Origin? <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		17. Decedent's Race <b>WHITE</b>	
18. Father's Name <b>EDWIN RAPER</b>		19. Mother's Name Prior to First Marriage <b>SHERRY KNIGHT</b>			
20a. Informant's Name <b>VIVIAN RAPER</b>		20b. Relationship to Decedent <b>SPOUSE</b>		20c. Mailing Address <b>[REDACTED] CORDOVA, TN [REDACTED]</b>	
21a. Method of Disposition <b>CREMATION</b>		21b. Place of Disposition <b>MEMPHIS SERVICE CENTER</b>		21c. Location <b>MEMPHIS, TN</b>	
22a. Signature of Funeral Director <b>/s/ VERA JOHNSON</b>		22b. License Number <b>5216</b>		22c. Signature of Embalmer <b>[REDACTED]</b>	
22d. Name and Address of Funeral Home <b>FAMILY FUNERAL CARE, 4925 SUMMER AVENUE, MEMPHIS, TN 38122</b>		22e. License Number <b>1034</b>			
23. Registrar's Signature <b>/s/ EDWARD G BISHOP III</b>		24. Date Filed <b>03/03/2020</b>			
25. Certifier <b>/s/ CATHERINE MULROY MUNN</b>					
25a. <input type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED		25b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED			
26a. License Number <b>52262</b>		26b. Date Signed <b>03/03/2020</b>			
27. Name and Address <b>CATHERINE MULROY MUNN 7208 WOLF RIVER BLVD. STE 100, GERMANTOWN, TN 38138</b>					
28. Part I - ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE OR A LINE.					Approximate Interval Onset to Death
IMMEDIATE CAUSE: First disease or condition leading to death. Sequentially list conditions, if any, leading up to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). List.					
a. <b>GASTROINTESTINAL BLEEDING</b>					
b. <b>CLOTTING DISORDER</b>					
c. <b>[REDACTED]</b>					
d. <b>[REDACTED]</b>					
Part II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I <b>OBESITY, HYPERTENSION, HYPERLIPIDEMIA, DIABETES</b>					29a. Was an Autopsy Performed? <b>NO</b>
					29b. Were Autopsy Findings Available to Complete the Cause of Death?
30. Manner of Death <b>NATURAL</b>		31. Did Tobacco Use Contribute to Death? <b>NO</b>		32. If Female: <b>N/A</b>	
33. If Transportation Injury, Specify		34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
		34e. Describe How Injury Occurred		34f. Location of Injury	

PH-3020 (Rev. 8/2017)

RDA 10112

*Conclusions*  
Local Registrar

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

*Edward G. Bishop III* *Lisa Piercey, MD, MPA, FAAP*  
State Registrar Commissioner

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APR 08 2020

CERTIFICATION OF VITAL RECORD

